

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN*See instructions for "Service of Process by U.S. Marshal"*

PLAINTIFF
United States of America

COURT CASE NUMBER
4:15-CR-4

DEFENDANT
Justin Johnson

TYPE OF PROCESS
arrest check**SERVE****AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFISCATE
SCRANTON
FEB 06 2015

ADDRESS (*Street or RFD, Apartment No., City, State and ZIP Code*)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 28

PER**DEPUTY CLERK**

James T. Clancy, Assistant U. S. Attorney
United States Attorney's Office
228 Walnut Street, Suite 220
P. O. Box 11754
Harrisburg, PA 17108

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold**Fold**

Please please arrest ~~Citizens Bank~~ cashiers check 22522 in the amount of \$75,000.00 (15-FBI-001633). This is in partial payment of the \$165,000.00 money judgment in this matter (15-FBI-001632). Please do not perform final disposition on this asset as a Final Order of Forfeiture has not yet been entered.

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

DATE

(717) 221-4482

2/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process
1District of Origin
No. **67**District to Serve
No. **67**Signature of Authorized USMS Deputy or Clerk
*Dave Biggs, DAFC*Date
2/6/15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
2/6/15Time
1100

am
 pm

Signature of U.S. Marshal or Deputy
Dave Biggs

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

*Deposited GADP.**2/6/15*PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00